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**USPTO FACSIMILE TRANSMITTAL SHEET**  
Page 1 of 1

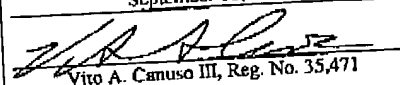
**CUSTOMER NO. 20995**

Docket No.: CHFT.004A

Applicant : Russell A. Houser et al.  
App. No. : 10/825,786  
Filed : April 16, 2004  
For : METHOD AND DEVICES FOR  
TREATING ISCHEMIC CONGESTIVE  
HEART FAILURE  
Examiner : Unknown  
Group Art Unit : 3731

**CERTIFICATE OF FAX TRANSMISSION**  
I hereby certify that this correspondence and all  
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facsimile to the USPTO Central Fax No. (703)  
872-9306 on the date shown below:

September 10, 2004

  
Vito A. Canuso III, Reg. No. 35,471

Transmitted herewith for filing and consideration in the above-referenced application are the following items:

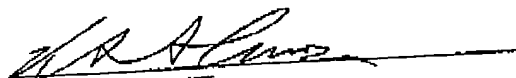
(X) Preliminary Amendment in 4 pages.

**FILING FEES:**

FEE CALCULATION					TOTAL
FEE TYPE		FEE CODE	CALCULATION		
Total Claims minus 20; or Previously Paid	23 - 23 = 0	1202 (\$18)	0 x 9 =		\$0
Independent minus 3; or Previously Paid	7 - 7 = 0	1201 (\$86)	0 x 43 =		\$0
SUB TOTAL					\$0
The present application qualifies for Small Entity status under 37 CFR § 1.27. Fee reduced by 1/2.					(\$0)
TOTAL FEE DUE					\$0

(X) Total pages in transmission: 6

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

  
Vito A. Canuso III  
Registration No. 35,471  
Attorney of Record  
Customer No. 20,995  
(949) 760-0404

LXX-2090:rb 091004

Docket No.: CHFT.004A

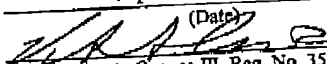
Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Russell A. Houser et al.  
 App. No. : 10/825,786  
 Filed : April 16, 2004  
 For : METHOD AND DEVICES FOR  
 TREATING ISCHEMIC  
 CONGESTIVE HEART FAILURE  
 Examiner : Unknown  
 Art Unit : 3731

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(Date)  
  
 Vito A. Canuso III, Reg. No. 35,471

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:


Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Preliminary Amendment in 4 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	23 - 23 = 0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	7 - 7 = 0	2201 (\$43)	0 x 43 =	\$0
			<b>TOTAL FEE DUE</b>	<b>\$0</b>

- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

  
 Vito A. Canuso III  
 Registration No. 35,471  
 Attorney of Record  
 Customer No. 20,995  
 (949) 760-0404

LXK-2089:sb 091004